

**INDEPENDENT OVERSIGHT  
ACTION ITEMS**



**COMMITTEE MEETING NOTES &**

**IOC Name:** \_\_\_ DHS ASH IOC \_\_\_\_\_ **Meeting Date:** 04/15/2021  
**Meeting Location:** \_Conf Call (remote)\_ **Meeting Time:** \_\_\_18:04-19:00pm\_\_\_

<b>Members Present:</b> Laurie Goldstein, Larry Allen, Kim Scherek, Melissa Farling, Dee Putty, Leon Canty, Barb Honiberg
<b>Members Absent:</b> Natalie Trainor
<b>Other Attendees:</b> Timothy Briebiesco, Debrah Beikowskil, Matthew Solan, Cody Weeks, Dr. Jack Potts, Holly Gieszl

<b>Agenda Items</b> (Enter the related topic from the IOC's agenda)	<b>General Description of Matters Discussed &amp; Motions Made</b> (Enter the related topic from the IOC's agenda)	<b>Action Item/Assigned To/Due Date</b> (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	Disclosure of Conflict of Interest Special meeting regarding new Bills.  Minutes to be taken at a later date via recording by Natalie	
Review and approve meeting minutes		Motion, Barb Second, Melissa Roll Call, unanimous
ADOA update	No current updates, updates soon per Larry  Bylaw updates in progress	

	Other IOCs or public can make comments or suggestions on bylaws, comments are collected and considered and given to specific IOC	
Review of Action Items	<p>IOC asked about restraint minutes, ASH gave description of times and days, team would like to see information all presented the same way. Information for ASH is helpful.</p> <p>Human rights concern about patient in administrative separation reporting that medical treatment is being denied. ASH replied that patients get treatment based on plan regardless of placement.</p> <p>On a visit IOC heard ASH staff saying they can't give medical treatment without approval. ASH wanted to follow up. ASH looks into need for timely medical care. IOC still concerned about this and has visits planned.</p> <p>IOC still has not received pictures/drawing/information about isolation or separation spaces. Questions about patients not having utensils for food- somewhat dehumanizing. YouTube videos did not clearly show windows or space.</p> <p>No update on alternative pathway for progression provided.</p>	<p>IOC would like to ask to see the same information normalized for seclusion.</p> <p>Motion, Laurie Second, Melissa Roll Call, unanimous</p> <p>IOC wants to know protocol for patients getting medical care- what's the protocol for when patients ask various personnel (techs, doctors, staff...) for care? What is the chain of command?</p> <p>Motion, Leon Second, Melissa Roll Call, unanimous</p> <p>Are there any restrictions on when patients request attention?</p> <p>Motion, Dee Second, Leon Roll Call, unanimous</p> <p>Can ASH provide a visit to IOC members to tour and see facilities, specifically including example of admin separation room?</p> <p>Motion, Melissa Second, Dee Roll call, unanimous</p> <p>We would like a plan for alternative planning for progression.</p> <p>Motion, Laurie Second, Melissa Roll call, unanimous</p>

<p>Incident and Accident Reports</p>	<p>Difficult to check reports because they are not loaded in enough time. There are not many there to review. This month they were loaded in the incorrect place. Seclusion not loaded until day of meeting.</p> <p>IOC would like more access for longer period of time. Previously we had a years' worth of IADs and now they only keep two to three months. Other committees get better reports in more time.</p> <p>Death on civil campus reported. Typically, deaths are reported at other facilities. This death was a medical choking event, medical alert called, appeared to be a seizure, paramedics arrived in 6 mins. Paramedics arrived, treated, and transferred patient. Memorial was held on the civil side. This was the first one we have seen regarding death. Previously the deaths were not reported since the declaration of death is in other institutions.</p> <p>ASH-2021-0776: Patient assault by peer, sexualized behavior reported as assault. If this is a pattern, what are the plans to keep the person safe if this is a repeated pattern?</p> <p>ASH-2021-0734: Choking patient, Heimlich used, object removed, patient transferred to ER. Prompt medical attention appreciated.</p> <p>Additional report about dental visit on campus.</p> <p>Discussion on how audio would help monitor common areas for safety as well as incidents.</p>	<p>What are the plans to keep the person safe if this is a repeated pattern? What is the protocol for tracking sexual assaults on patients? Does it get reported to APS every time?</p> <p>Motion, Laurie Second, Melissa Roll call, unanimous</p> <p>Earlier reports from ASH said they had no medical labs or facilities on campus and patients were referred out. Reports indicated on site dental? What, if any, services are available on site?</p> <p>Motion, Laurie Second, Melissa Roll call, unanimous</p>

<p>Patient Visits, Site Visits</p>	<p>Patient wanted their own personal emotional support dog on to campus. ADA violation moved to potential obstruction of justice. ASH is not providing animal therapy. Patient would benefit from such therapy. Levels potentially limited the services available (animal therapy, specifically). ASH is required to refer out if they cannot provide support the patient needs. Center for disability law involved in this issue, so IOC will allow them to monitor and act on this situation.</p> <p>Leon reported that the service animals use to come to the hospital, the dogs did pass away and there was not another program brought in.</p> <p>Discussion about Dee's animal therapy group contact that was halted due to COVID.</p> <p>More concerns about COVID halting program progressions.</p> <p>Patient concern that there was not an active plan to safely integrate the patients back into the community. Concern for integration into community, patient feels there should be more support. Concern about no patient forums being held for over a year.</p> <p>Concerns that according to Title 9 administrative code the hospital is to provide treatment or if they cannot provide treatment, they should refer to someone that can provide the support.</p> <p>In the civil forum, Mellissa and Laurie attended. ASH reports they will facilitate more off campus community programs 4/26/21 including café, food visits. They continue to monitor community spread and plans will be adjusted accordingly. Opening the pool by Memorial Day, request to heat the pool is likely not likely. They want to know when the café hours will be open.</p> <p>New small chapel built. New areas have turf and sun tarps and benches on the mall. This is funded by vending machine funds.</p>	

	<p>Why can't vaccinated patients have more opportunity to do more off campus activities?</p> <p>Patient discussed that schedule currently (due to COVID) does not allow for the same amount of outside/mall time. Previously rovers were available to go outside with patients if they desired. Patient wants to return to normal programming hours and schedule. Juice machine needs fixing, people want to smoke more. Discussion about how no hospitals are smoking hospitals anymore.</p> <p>Patient asked about smoking, this is not likely to occur.</p> <p>Patient asking about school. Laurie reminded group about fund donated to the hospital for education services. Laurie asked them to look into it again.</p> <p>Patient asked about MARC vocational training starting again. Needs to be taken up with executive team.</p> <p>Movies on big screens requested by patients. This will be restarted.</p> <p>Patients confirmed more groups being offered. Patients would like more session options, not just coloring. They want more therapeutic sessions.</p> <p>Request for more nutritional snacks after being called "fat" by dietician. They then go eat out of the vending machines which is not helpful.</p> <p>One patient expressed dissatisfaction with patient advocate. They feel that they were disrespectful and did not represent the patients. IOC reminded patient that we are available.</p> <p>Patients wanted to know about gym, pool table, fooseball, other rec and exercise items reinstated. They want to know when the gyms will be open again.</p>	
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<p>New Business</p>	<p>ASH vaccinating patients and staff. ASH requiring IOC visitors be vaccinated. IOC would like more consideration about vaccinated individuals coming on and off campus. Staff is off campus on a daily basis.</p> <p>Dr. Potts asked about viewing bx treatment plan for the individual in separation. Where does the seclusion fit into the treatment plan? Suggested that IOC ask for charts or specific patient information. There should be 15-30 minute regular logs for individuals in separation. Occasionally patients want to be in isolation despite if it's best choice.</p> <p>Questions about 2-year separation and how individual can learn new skills in isolation for such a long period. Dr. Potts thinks it is important to see treatment plan for that individual to see how the seclusion to their treatment. Work out of Stanford on seclusion show be looked into.</p> <p>Dr. Potts suggested asking for Administrative Separation Policies. We should see the times that are offered to the person in separation. The 15 min care records are required, possibly not for separation. Jack will be willing to help. It is not therapeutic to keep a person in separation for many years. They did provide the code on administration separation.</p> <p>American Institute of Architects -Architects can no longer design a space designed for confinement more than 15 days. New standard.</p> <p>Dr Potts also talked about how GEI terms are often much longer than prison terms.</p> <p>AHCCCS is very proactive with the Central IOC.</p>	<p>IOC wants to request that vaccination is considered when discussing off campus visits and masks are used regularly.</p> <p>Motion, Leon Second, Dee Roll Call, unanimous</p> <p>IOC wants to see formal policy on administration separation and to tour the empty separation rooms:</p> <p>Motion, Dee Second, Leon Roll Call, unanimous</p>
<p>Member recruitment</p>	<p>IOC looking for more members. Please reach out if there are individuals who may benefit the committee. Would like a psychologist or psychiatric nurse.</p> <p>Discussion how we have a male previous patient and we could benefit from a female patient as well to offer more insight.</p>	
<p>Public Comment</p>		

<p>(3-minute limit per person)/Call to the Public</p>	<p>Isaac Contreras- AZ state hospital play list- YouTube shows exact items and space. He has several recording devices. Staff says that it is a torture chamber. Recording devices are not coming in through the mail they are coming in through staff. This is not therapeutic. He has recordings for the past two years. One is an interview of staff. Staff was bullying people and he stood up to him and he went to jail. The recording also shows how they cover up his window. He has no view of anything. He sees white and green and a tarp. He has many recordings. They document that he is threatening, he has not been in real misbehaviors. Has been in there 9 months. He is treated as an animal. Eats with his hands. He does not have furniture. He finds that the hospital is afraid to have the videos exposed. Also, patients always lose their grievances. Randy Lang pretends to be a lawyer that will represent patients for free and then asks the family for thousands of dollars. He is illegally practicing law.</p> <p>Chris Martall- Isaac is being retaliated against. He is also being retaliated against. Out of 75 grievances only 1 substantiated. He was told to fly under the radar since he only has 5 months left. This was from administration. The patients are never right. ACDL has substantiated his claim on neglect on broken foot. His electronic equipment has been taken. If it is not approved, he wants to send it back. Cannot get his nutrient to help with his diagnosis. His clinical team saw improvement. Now that he has run out and he is having some symptoms.</p> <p>Both of his doctors agreed he could have the nutrient supplement, but the administration said he could not have it.</p> <p>Timothe B- At 7:30 AM they are locked out of dorms. Must urinate or defecate before, if after they watch the patients. TSDs on him to transport and the van has a high step into the van.</p>	
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	<p>Medical equipment not being supplied. Stickless Glucose monitoring of sugar level reading. Needs test strips but they will not supply the test strips. Reading do not match between machines. Staff sleeping on second shift. Dental is in civil lobby.</p> <p>When on ROU the staff talks away main coping skills. Missing stimulus checks. Mother is investigating the missing check. The checks were returned from the hospital stating they could not find the person (him). They have a transfer person that is taking him late and they miss the appointment. Appointment at 8 am picked him up after 11 am.</p> <p>Charles-No Catholic chaplain for quite a few months. He has tried to ask for help but not returning calls. His voicemail is 9283517679. He would like to appreciate help. They need a notary at ASH. One Patients is working with a federal judge, he needs a notary on site.</p> <p>Holly- Has a complete set of ASH policies. One can do a do an information request for policies. She has a complete set of all the ASH policies. Need to look at index to select the ones of interest. Every six months we can ask for the policies. PSRB and ASH plans to make up for progression differences since no visitations and outing for a year. Patients lost time in their progression at least 15-18 months. PSRB and ASH have to work together to come up with a plan. Violation of SMI rights.</p> <p>Tim asked for a notary republic and he was refused. He needed it for legal documents. No limit on extensions that the hospital can use. One coming back from May 2020.</p> <p>Claims of staff lying. Grievances don't work. APS doesn't investigate by talking to patient witnesses just talk to staff.</p>	
Adjournment		Motion, Laurie Second, Dee Roll Call, unanimous